

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |  |          |
|---|--|--|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |  | Docket Number (Optional)<br>0019240.00476US1 |          |
| Application Number  | 10/600,269-Conf. #7499                 | Filed June 20, 2003                          |          |
| For GUIDELINE EXECUTION TASK ONTOLOGY (GETO)  |  |  |          |
| Art Unit  | 3626                                   | Examiner R. A. Sorey                         |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | Fee \$130                              | Small Entity Fee \$65                        | \$ 65.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                                  | \$245  | \$       |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                                 | \$555  | \$       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                                 | \$865  | \$       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                                 | \$1175                                       | \$       |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> . |  |  |          |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |  |  |          |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>58,707</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u></u>  |  |  |          |
| <u>/Peter W. Baik/</u><br>Signature   |  | November 19, 2008<br>Date                    |          |
| <u>Peter W. Baik</u><br>Typed or printed name   |  | (212) 230-8800<br>Telephone Number           |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |          |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted. |  |          |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: November 19, 2008

Electronic Signature for Peter W. Baik: /Peter W. Baik/